PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 AUG 15 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 89-02

DOCUMENT # N23740

1. Corporation Name
THIRTY- FIFTH STREET CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
4602 35th Street S.W.	4602 35th Street S.W.
Suite, Apt. #, etc.: #400	Suite, Apt. #, etc.: #400
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32811 Country: USA	Zip: 32811 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/87

5. FEI Number: [ ] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JAMES T. LORING

Street Address (P.O. Box Number is Not Acceptable): 4602 35th Street, S.W.

Suite, Apt. #, Etc.: #500

City: ORLANDO State: FL Zip Code: 32811

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 8-14-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	JAMES T. LORING	4602 35th Street, S.W.	ORLANDO, FLORIDA 32811
V/D	HERBERT H. BORNACK	9041 BALMORAL MEWS SQ.	WINDERMERE, FLORIDA 34786
V/D	MICHAEL D. CALHOUN	51 Oakleigh Lane	Maitland, Florida 32751

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] JAMES T. LORING 8-14-02 (407) 325-9741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #